

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

The Concerted Attack on Cancer

Last year about 100,000 people in the United States died of cancer. The death rate for this disease is not decreasing. If anything, it seems to increase each year. That it constitutes an important public health problem can not be denied. In California last year, there were 7451 deaths from cancer. It was the second leading cause of death, having been exceeded only by deaths from heart disease and the circulatory system, of which there were 17,681. Seventy-five per cent of all deaths in California last year were due to seven causes, as follows:

Circulatory System	17,681	26.1% of total
Cancer	7,451	11.0% of total
Diseases of the Nervous System	6,387	9.5% of total
External Causes (except suicide)	5,523	8.1% of total
Tuberculosis (all forms)	5,020	7.4% of total
Nephritis	4,993	7.3% of total
Pneumonia	3,973	5.6% of total

While the control of cancer depends entirely upon the individual treatment of cases, early diagnosis, proper treatment with surgery, if necessary, and adequate after-care constitute the best known factors in the control of this disease. The results to be obtained depend largely upon the knowledge acquired by the general public and the proper application of such knowledge. One of the great aims of the medical profession at the present time lies in the education of the general public relative to the need for early action in the discovery and treatment of cancer. It is obvious that many lives now lost to this disease can be saved.

The California Cancer Commission of the California Medical Association has announced that it is about ready to carry on a direct campaign of education in nearly every county of California. The United States Public Health Service has taken an active interest in the prevention of cancer and the following are extracts taken from an article on cancer which was presented recently by the Service:

There can be but little doubt in the minds of the students of public health that cancer presents today the outstanding problem in this field.

One by one mastery has been gained over the various communicable diseases so that nowadays the practical prevention of most of them is within the power of any society willing to spend the funds for adequate health service. As a natural result, the advances in preventive medicine and the science of nutrition, the great decline in the infant mortality rate, coupled with a falling birth rate and improved social and economic conditions, have had the effect of adding many years to the expectation of life at birth.

Yet, the bulwark of protection which advances in sanitary science have erected against the hazards of the first decades of life seems to have preserved the individual only to subject him to a liability of death from malignant disease which apparently has steadily increased during the period for which American vital statistics have been available; that is, since the establishment in 1900 of the registration area for deaths.

In 1900 when the registration area was first formed, the crude death rate from cancer was 63 per 100,000 population. In 1920, it was 83.4, in 1929 (the latest available figures) it was 96.1, an increase over the crude death rate of 1900 of nearly 52½ per cent.

In 1929 the total number of deaths from cancer was 111,569. This makes cancer the second most important cause of death. Heart disease alone with 245,000 deaths claimed a greater number of victims.

One of the most striking increases in the death rate has been in the so-called external forms of cancer such as cancer of the

breast and cancer of the mouth, in which because of the superficial position errors in diagnosis are low as compared with the possibility for error in deep-seated cancer such as those of the stomach or other internal organs.

The conclusion has been reached after careful study of statistics that in the 21-year period from 1900 to 1920, about two-thirds of the increase observed in cancer death rate of persons 40 years old and over was due to an actual increase in the mortality of the disease. For the present it can only be assumed that the increase is bound up in some way in the extraordinary complex development of our modern social environment. Since physical, chemical and biological processes all tend to a state of equilibrium, we may also venture to hope that the cancer death rate will not continue to grow indefinitely, but in the absence of the discovery of preventive measures will sooner or later become stabilized. The fact of this increase in the cancer death rate, however, should serve as a spur to stimulate research and to justify its extension.

It is the general opinion of scientists that cancer is at first a local disease. Something goes wrong with the regulating mechanism of the body, and as a result the unwholesome persistent growth begins, and once begun it can not stop itself, but must be removed or destroyed.

Cancer may occur anywhere on the outside or the inside of the body. It is always small in the beginning. When it occurs on the outside it is much easier to discover in its early stages. It is at this time that effective action against the growth is most likely to result in a cure. After particles of the cancer have found their way to other parts of the body and give rise to new cancers, the situation is much more serious. For, to cure the patient, it is necessary to find out where these new centers are and then they must all be removed.

Cancer is much more likely to make an attack after the age of 35 than before that time, and consequently the death rate is higher in certain age groups than in others. Among all deaths in men between the ages of 45 and 70, one in eight is due to cancer, and among all the deaths which occur among women between 45 and 65, one in five is caused by cancer. There are no reliable statistics to show how many cases occur apart from deaths.

The most prevalent site of fatal cancer is the stomach, with 38 per cent of the total deaths. The female genital organs were the site of fatal cancer in 14 per cent of all deaths. Cancer of the breast caused 9 per cent of all fatal cases. Cancer of the skin causes 3 per cent of the cancer deaths. There is evidence to show that cancer itself is not hereditary, although a certain susceptibility toward the disease seems to exist among the members of some families. This particular phase of the problem is now being thoroughly studied by a number of investigators.

One of the reasons why so many people die of cancer lies in the fact that the disease usually exists for some time before it is recognized and treated. It has then progressed from a local and small cancer to a large and dangerous one. It is, therefore, of importance that everyone should know something of the first symptoms of this disease.

If a beginning cancer was as painful as a sting, many people would go promptly to a physician and so receive the needed treatment early. But at first there is no pain or inconvenience. The symptoms develop gradually. Any lump, especially in the breast, which comes and remains for some time without satisfactory explanation, should be looked upon with suspicion. One should go immediately to a competent physician. In many cases the suspicion of cancer will have been unfounded, but it is best to be safe.

Any sore that does not heal in persons above 35 years of age, particularly about the tongue, mouth or lips, is suspicious of cancer. Attention should be given to a spot where a tooth is broken or where there is an ill-fitting dental plate which has rubbed until a sore has resulted.

Any irregular bleeding or abnormal discharge from any of the orifices of the body is a danger signal which should be promptly heeded.

Persistent indigestion with loss of weight is a symptom of cancer of the stomach, which is so frequent as to make its earliest possible detection important.

The organized war against cancer which is being carried on in all civilized countries aims to discover all individual cases of the disease at the earliest possible time, and to advise competent medical care for the patient. The patient must give full

cooperation to the medical profession, for it is obviously impossible for a physician to render any help unless the patient applies for it. The first thing then, is for the public to learn the danger signals of cancer and report immediately to a physician upon suspicion being aroused that cancer is present or impending.

The second line of attack is research. More facts about cancer need to be discovered; how and why it occurs; by what procedure it may be prevented and cured. There is a great deal of information upon these subjects already, but there is need for more.

Many cases of cancer can be cured, and many more prevented, if the general public will give its full cooperation to the medical profession which is striving to eliminate this disease. Physical examinations at periodic intervals made with an eye alert to cancer, afford one of the best means of protection against this disease. Such examinations should be taken once a year after the age of 35 has been reached.

Surgery, x-ray, and radium are the main weapons which are used to combat this disease. They are used as a preventive and as a cure. They are employed as preventives when they remove pre-cancerous conditions, and as a cure when they eliminate cancer itself.

One of the reasons why cancer is so frequently fatal lies in the fact that those attacked are at first inclined to temporize with the condition. Some try home remedies, others put their faith in the advice of persons who know little or nothing about this subject.

When a person suspects that he or she has cancer the thing to do is to apply immediately to a competent physician or to a clinic. If he wants to find a good physician he should select one who stands well among his fellows, one who occupies a responsible position in a hospital, one who is recommended by some other good doctor.

The cancer problem is, of course, the most baffling of those in the field of preventive medicine yet remaining unsolved. We should listen to no voice of discouragement. It is only by extending the present centers of cancer research and by creating new centers that success will ever be attained. The Public Health Service will do its utmost to contribute to the fullest extent of its facilities and personnel to the result which will be fraught with such incalculable benefit.

DOCTOR GALDSTON COMING TO CALIFORNIA

Dr. Iago Galdston of the New York Academy of Medicine, Medical Consultant of the staff of the National Tuberculosis Association, and one of the foremost exponents of education in public health, will attend the annual meeting of the California Tuberculosis Association which will be held in Fresno April 5-7.

Dr. Carl R. Howson of Los Angeles is engaged actively with the program committee in the preparation of a comprehensive program. Individuals who are interested in the control of tuberculosis will profit greatly by attendance at the meeting.

DOCTOR MICHAEL RETIRES AS HEALTH OFFICER

Dr. Luther Michael, for many years City Health Officer of San Leandro and one of the best known health officers in the State, has retired as health officer of his city, having consented to the amalgamation of the city health department with that of Alameda County, of which Dr. I. O. Church is County Health Officer.

SUMMER SESSION AT U. C. L. A.

The Department of Hygiene at the University of California at Los Angeles has announced courses in elementary epidemiology, public health, preventive medicine, principles and practice of public health nursing, newer developments in nursing, methods of instruction in schools of nursing, principles of teaching as applied to home hygiene courses, and methods in teaching home hygiene courses, which will be presented at the Summer Session of the University. These courses will be given by Los Angeles members of the staff, assisted by Elinor Lee Beebe, Ph.D., Director Child Development and Parent Education, City Board of Education, Albany, New York. Following is a synopsis of the courses:

DEPARTMENT OF PUBLIC HEALTH AND NURSING
EDUCATION (HYGIENE)

Birdie M. Adair, B.E., Teacher, Los Angeles City Secondary School System.

Elinor Lee Beebe, Ph.D., Director, Child Development and Parent Education, Albany City Board of Education, New York.

Helen D. Halvorsen, R.N., A.B., formerly Associate in Public Health Nursing, University of California.

Wilton Lee Halverson, M.D., Dr. P.H., District Health Officer, Los Angeles County Health Department.

Olive Slocum, R.N., M.A., Supervisor of Nurses, Good Samaritan Hospital, Los Angeles.

Raymond Van Buren Stone, D.V.M., Director of Laboratories, Los Angeles County Health Department.

Where prerequisites to upper division courses are not stated, it is understood that these courses are open only to students who have junior standing or its equivalent.

S3, Elementary Epidemiology. Mr. Halverson.

The evolution of the methods of disease prevention and control based on studies of the history, prevalence, etiology, sources, and modes of infection of the principal preventable diseases. 2 units. M., Tu., W., Th., F., 12.

S4, Elementary Public Health. Mr. Stone.

The field of public health in the United States; administration, record keeping; correlation of functions; sanitation; nursing; communicable diseases; laboratory operations; biologic productions and their application in preventive medicine. 2 units. M., Tu., W., Th., Fr., 1.

S415A, Preventive Medicine.

Hygiene S3 will be accepted as a substitute for Hygiene 415A.

S415B, Preventive Medicine.

Hygiene S4 will be accepted if an additional unit of laboratory practice taken at Berkeley at some future time is also presented.

S418A, Principles and Practice of Public Health Nursing. Mrs. Halvorsen.

History and development; principles and objective; procedures and technique in the various branches of public health nursing including maternal and child hygiene, school nursing, communicable disease, industrial nursing and mental hygiene. 4 units. M., Tu., W., Th., F., 10-12.

441, Newer Developments in Nursing. Miss Slocum.

Clinical nursing as affected by recent discoveries and developments in medicine; a consideration of the principles and methods of nursing involved, with special stress on their application in individual cases. 2 units. M., Tu., W., Th., F., 9.

442, Methods of Instruction in Schools of Nursing. Miss Slocum.

The basic principles of teaching as applied to problems of nursing education. Designed for head nurses, supervisors,

instructors and directors of nursing schools. 2 units. M., Tu., W., Th., F., 8.

Red Cross Courses (Education 400 and 401)

400, Principles of Teaching as Applied to Home Hygiene Courses. Miss Beebe.

Developments and formulation of the fundamental principles of the teaching process; organization of subject matter; preparation of lesson plans; solution of practical problems; socializing exercises. Lectures, class discussions, and assigned readings. To be taken concurrently with course 401. Enrollment limited. Practice teaching four hours a week and observation approximately seven hours a week. 4 units. M., Tu., W., Th., F., 8.

401, Methods in Teaching Home Hygiene Courses. Miss Beebe.

Lectures and demonstrations based upon the Red Cross textbook. A practical application of the educational principles studied in course 400. To be taken concurrently with course 400. Enrollment limited. Laboratory fee \$1.50, 2 units. M., W., F., 10-12.

PLANS FOR PASADENA A. P. H. A.

The unusual opportunity provided for California to act as host to the American Public Health Association will be realized in Pasadena during the first week of September of the present year. Dr. John L. Pomeroy, president of the western branch of the association, and health officer of Los Angeles County, and Dr. J. D. Dunshee, city health officer of Pasadena, are actively engaged in the preparation of preliminary plans for the meeting. Pasadena's facilities for a national convention are ideal. The new municipal auditorium is capable of furnishing proper housing of all section meetings, as well as that of the general body. Hotel accommodations to fit every purse are available. Under present low travel rates, members of the association from the Atlantic seaboard and from middle western States will be able to attend the Pasadena session without the expenditure of large sums of money. Many who are planning to attend will combine annual vacations with attendance at the conference. Opportunities will be provided following the Pasadena meeting for delegates to visit the health departments of cities in Northern California.

Now is the proper time to carry on activities that will stimulate attendance and all local health officers in California who are able to make contact with members of the association in other States should undertake to inform such individuals relative to the attractions in California and the possibility of attendance at the A.P.H.A. meeting without excessive expenditure of funds.

LOCAL HEALTH OFFICERS APPOINTED

W. C. McBride, Jr., M.D., has been appointed City Health Officer of Dorris in Siskiyou County, to succeed Dr. D. D. Todorovic. Mr. W. R. Satterfield has been appointed City Health Officer of Banning to succeed Mr. R. H. Samuel.

MORBIDITY REPORTS*

The reports of communicable diseases which appear in the following section of the WEEKLY BULLETIN represent reports of cases received during the preceding week and are based upon reports received between Friday afternoon and the following Tuesday afternoon, when the bulletin copy is prepared. All reports received between Wednesday morning and Friday morning are recorded at once, but they are not included in the bulletin report.

Health officers are urged to mail their reports not later than Saturday of each week, in order that the reports of communicable diseases, as published in the bulletin, can be as full and complete as possible. It is also important that reports be mailed not later than Saturday in order that the weekly telegraphic report of communicable diseases in California, which is sent to the Surgeon General of the United States Public Health Service at Washington on Tuesday of each week, may represent the true incidence of reportable diseases within the State.

Diphtheria

50 cases of diphtheria have been reported, as follows: Oakland 1, Kern County 1, Alhambra 1, Burbank 3, Glendale 1, Los Angeles 22, San Fernando 1, Torrance 1, Merced County 1, San Bernardino County 2, San Bernardino 4, San Francisco 7, Santa Barbara 1, Tulare County 1, Yuba County 3.

Chickenpox

733 cases of chickenpox have been reported. Those communities reporting 10 or more cases are as follows: Alameda County 12, Berkeley 16, Oakland 41, Los Angeles County 26, Glendale 20, Long Beach 15, Los Angeles 123, Pasadena 32, Fort Bragg 23, Riverside 24, Sacramento 22, San Francisco 103, San Joaquin County 10, Stockton 52, Ventura County 11.

Measles

1340 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Alameda County 11, Alameda 65, Berkeley 36, Oakland 257, Los Angeles 42, Pomona 15, Chula Vista 18, Coronado 35, San Diego 464, San Francisco 40, Daly City, 18, Santa Barbara County 24, Santa Barbara 177, Ventura County 19, Santa Paula 15, Ventura 12.

Scarlet Fever

247 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows:

Fresno County 13, Los Angeles County 12, Los Angeles 66, San Diego 13, San Francisco 13, Stockton 10.

Whooping Cough

353 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 40, Los Angeles County 17, Los Angeles 62, Pomona 11, Riverside 14, San Francisco 35, Stockton 31.

Smallpox

4 cases of smallpox have been reported, as follows: Alhambra 1, Long Beach 1, Los Angeles 1, Ventura 1.

Typhoid Fever

5 cases of typhoid fever have been reported, as follows: Amador County 1, Fresno County 1, Los Angeles 1, Sacramento County 1, Dinuba 1.

Meningitis (Epidemic)

3 cases of epidemic meningitis have been reported, as follows: Los Angeles County 1, Los Angeles 2.

Poliomyelitis

3 cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Los Angeles 2.

Trichinosis

One case of trichinosis from San Francisco has been reported.

Undulant Fever

3 cases of undulant fever have been reported, as follows: Bakersfield 1, Los Angeles 1, San Bernardino 1.

Anthrax

One case of anthrax from San Joaquin County has been reported.

DOCTOR PARRISH RETURNS TO LOS ANGELES

Dr. George Parrish was appointed City Health Officer of Los Angeles February 15, 1934, to succeed Dr. C. W. Decker, who has held office for a little more than two years. Dr. Parrish returns to head the department over which he presided for a long period of years, he having succeeded Dr. Luther M. Powers upon the death of the latter.

* From reports received on February 19th and 20th for week ending February 17th.